

## Presumptive Eligibility for the Family Planning Waiver Program Application Instructions

This application is only for those persons applying for Presumptive Eligibility (PE) for the Family Planning Waiver Program (FPWP). The FPWP provides limited services to women seeking contraceptive management. Both the Family Planning Waiver Program qualified provider and client should complete the application together.

Providing or applying for a Social Security Number (SSN) is voluntary; however, any person who wants Wisconsin Medicaid but does not provide an SSN or apply for one will not be eligible for benefits. SSNs and personally identifiable information will be used only for the direct administration of the Medicaid Program.

### **SECTION I — NON-FINANCIAL ELIGIBILITY** (Client completes this Section)

**Line 1:** Client name, birth date, telephone number

Determine if the client is between the ages of 15 and 44 (ages 15 and 44 are included):

- If the client will turn 45 during the presumptive eligibility period, she may be eligible up to her 45<sup>th</sup> birthday.
- The client must be at least 15 years of age on the date that the form is signed.

If she meets the age requirement continue with the rest of the application.

If she does not meet this age requirement, go to Section III and check the box indicating that the client is not eligible because she does not qualify under the age guidelines. Follow the instructions for Section III – Notices for a client who is not Presumptively Eligible for the Family Planning Waiver Program.

If the client meets the age requirement, go to Line 2.

**Line 2:** Client's residence address and county of residence.

The client must be a Wisconsin resident. If she does not meet this requirement, go to Section III and check the box indicating that the client is not eligible because she does not qualify under the residency guidelines. Follow the instructions for Section III – Notices for a client who is not Presumptively Eligible for the Family Planning Waiver Program.

If the client is a resident of Wisconsin, continue to Line 3.

**Line 3:** Are you receiving full-benefit Wisconsin Medicaid/BadgerCare?

If the client answers "Yes" on Line 3, she is already receiving full-benefit Medicaid or BadgerCare benefits, explain that she already has access to the same benefits through the Medicaid and BadgerCare programs. Go to Section III and check the box that the client is not eligible because she is eligible for full-benefits Medicaid. Follow the instructions for Section III – Notices for a client who is not Presumptively Eligible for the Family Planning Waiver Program.

If the client answers "No" on Line 3, then continue on to Line 4.

**Line 4** Have the client complete Line 4 – Have you been determined presumptively eligible for the FPWP in the last 12 months? A woman is allowed to have one period of presumptive eligibility for the

FPWP in a 12-month period. Determine if the client has been determined presumptively eligible for the FPWP in the last 12 months, by calling Medicaid Provider Services at 1-800-947-9627.

If the client answers “Yes” on Line 4, she cannot be determined presumptively eligible for the FPWP.

Complete Section III of the application and check the appropriate box indicating that the client is not eligible because she has been presumptively eligible for FPWP in the last 12 months. Follow the instructions for Section III – Notices for a client who is not Presumptively Eligible for the Family Planning Waiver Program.

Explain that she can only be determined presumptively eligible once in a 12 month period. Encourage the woman to apply formally for the FPWP through the local county/tribal social or human services agency or Medicaid outstation site.

If the client answers “No” on Line 4, continue on to Line 5.

**Line 5:** Have the client complete Line 5 - Are you a U. S. citizen?

If the client answers “No” on Line 5, she has indicated that she is not a U.S. citizen, complete Section III of the application, check the appropriate box indicating that the client is not eligible because she is not a US citizen. Follow the instructions for Section III – Notices for a client who is not Presumptively Eligible for the Family Planning Waiver Program.

Inform the client she is not eligible for presumptive eligibility for the Family Planning Waiver Program. She may still be eligible for the FPWP or Wisconsin Medicaid, but she must apply through her county/tribal social or human services agency or Medicaid outstation site.

If the client answers “Yes” on Line 5, continue on to Section II - Financial Eligibility.

## **Section II — Financial Eligibility**

To complete Section II, the qualified provider should work with the client to answer the questions regarding her finances. For determining presumptive eligibility for the Family Planning Waiver Program the financial test is based on anticipated income. For this calculation, use the actual income expected during the month. (For example, a woman applying any time in September will use expected income for September.) Use the expected hours of work and expected dependent care expenses to calculate the employment expense and dependent care deductions. Answer all the questions regarding the financial test only for the individuals that were counted as part of the group on Line 6, Section II.

**Line 6:** When determining who is in the group, the provider is required to include certain family members living with the client. Count only the client, her spouse, and any minor natural, step or adopted children that live in the household in determining the group size.

For example, if the client is a/an:

- Minor female — Include only the minor female, her spouse, and her natural, step or adopted children that live in the household and unborn fetuses of any member of the household.
- Adult female without spouse — Include the adult female, her minor natural or adopted children living in the household, and the number of unborn fetuses of any member of the household.

- Adult female with spouse — Include the adult female, her spouse if he is living in the household, her minor natural, step or adopted children living in the household, and the number of unborn fetuses of any member of the household.

**Line 7:** To be determined presumptively eligible for the Family Planning Waiver Program, the client must meet the income limits for the appropriate group size. All family income may have to be considered. Income includes the spouse's income if the client is married. Do not count the parent's income if the client is a minor.

Add all monthly gross-earned income (amount of money earned before deductions).

Earned income includes:

- Wages.
- Salaries.
- Tips.
- Commissions.
- All other payments resulting from labor or personal service, excluding allowances.
- Self-employment.

Self-employment income is income earned directly from one's own business, rather than earned as an employee with a specified salary or wages from an employer. Deduct self-employment expenses when calculating income (use the monthly average for this calculation). If the business is ongoing and no changes have taken place, use the previous year's tax statement and divide by the number of months of operation.

Do **not** count the following as monthly-earned income:

- Wages for full or part-time students (unless the person is a part-time student who is employed full-time).
- Work-study for college students.
- Earned Income Tax Credit payments.
- Allowances.

Add monthly gross-earned income (amount of money earned before any deductions) for each member of the group to arrive at the total monthly-earned income. Enter this amount on Line 7.

**Line 8:** Add all monthly unearned income and enter this amount. Unearned income includes, but is not limited to:

- Pensions, annuities, insurance benefits, Social Security (use gross amounts), Veterans benefits, military allotments, and Workers' Compensation.
- Payments received for the rental of rooms, apartments, dwelling units, buildings, or land (if not reported as self-employment income). Taxes and the expense of property maintenance may be deducted.
- Child support payments received (deduct \$50 per month from total child support payments). If the applicant is a minor, list the child support payments received for the minor, even if the minor does not directly receive the payments.
- Money, including allowances provided to someone in the eligibility group by someone outside of the eligibility group.

Do **not** count the following as monthly-earned income:

- Supplemental Security Income (SSI).
- Student loans or grants, regardless of source, including work study.
- Reimbursement for expenses which the client has incurred or paid, except for reimbursement for normal household living expenses such as rent, clothing, or food eaten at home.
- Foster care or subsidized adoption payments.
- Life insurance policy dividends.
- Tax refunds, including Earned Income Tax Credits payments.
- Payments made by a third party directly to landlords or other vendors.
- Governmental (federal, state, or local) rent and housing subsidies, including payments made directly to the client for housing or utility costs (e.g., U.S. Department of Housing and Urban Development (HUD) utility allowances).
- Nutrition-related benefits, such as a Food Stamp Program allotment.

**Line 9:** Compute the total monthly gross income by adding the client's monthly gross earned income (Line 7) and total monthly unearned income (Line 8).

If the client's total monthly gross income (Line 9) is at or below the federal poverty level and all non-financial eligibility requirements have been met, she is presumptively eligible for the Family Planning Waiver Program. Check "Yes" on Line 15 and go to Section III.

If the client's total monthly gross income (Line 9) exceeds the federal poverty level, proceed to Line 10.

The federal poverty level (FPL) guidelines are updated annually and published in a Wisconsin Medicaid and BadgerCare Update. Refer to the Wisconsin Medicaid Web Site at <http://dhfs.wisconsin.gov/medicaid1/fpl/fpl.htm> for the with current FPL guidelines.

**Line 10:** For each employed household member, allow a \$90 work-related expense per month. Add together the work expense for each working household member.

**Line 11:** Calculate the expense deduction for dependent care. If necessary for employment, the allowable expense is the actual dependent care (child care) expenses paid for a dependent child or for an incapacitated adult (adult day care), up to:

- a. \$175 per month per dependent child age two or older, or incapacitated adult.
- b. \$200 per month per dependent child under age two.

Enter this amount on Line 11.

**Line 12:** When determining the eligibility of a woman who has been ordered by a court to pay child support, (i.e., support for a child not living in the same home as the parent paying child support), disregard the amount of child support actually paid in determining her financial eligibility. Enter amount actually paid, up to the amount ordered by the court.

**Line 13:** Add the allowable work-related expense deductions (Line 10), the allowable amount of dependent care (Line 11), and the court-ordered monthly child support paid to anyone outside of the family (Line 12).

**Line 14:** Subtract the total allowable deductions (Line 8) from the total monthly gross income (Line 9).

**Line 15:** Compare total net monthly income (Line 14) to the monthly standard for the appropriate group size on FPL guidelines. Countable income must be at or below 185% of the FPL for the appropriate group size. The FPL guidelines are updated annually and published on the Wisconsin Medicaid Web Site at <http://dhfs.wisconsin.gov/medicaid1/fpl/fpl.htm>.

If countable monthly income is at or below the FPL for the appropriate group size, and all other non-financial eligibility requirements have been met, the client is presumptively eligible for the Family Planning Waiver Program. Complete Section III – Notices.

If countable monthly income exceeds the FPL for the appropriate group size, the client is not presumptively eligible for the Family Planning Waiver Program. Complete Section III of the application and check the appropriate box indicating that the client is not eligible because she does not qualify under the income guidelines. Follow the instructions for Section III – Notices for a client who is not Presumptively Eligible for the Family Planning Waiver Program.

Inform the client, she may still be eligible for the FPWP or Wisconsin Medicaid, but she must apply through her county/tribal social or human services agency or Medicaid outstation site.

### **Section III — Notice**

#### If the Client is Presumptively Eligible for the Family Planning Waiver Program

1. If the client is presumptively eligible for the Family Planning Waiver Program, the qualified provider should check the appropriate box and complete their name, address (street, city, state, zip code) and provider number information. If the provider is a large organization with a number of local sites, please use the specific local site address where the client was served. The qualified provider should then sign and date the Presumptive Eligibility for the Family Planning Waiver Program application. Do not use an agency's name. The signature must be legible.
  2. Inform the client that her presumptive eligibility for the Family Planning Waiver Program lasts from the month she is found eligible until the end of the second month following the month that presumptive eligibility is determined. To continue receiving family planning benefits, after the presumptive eligibility end date, the client must apply for Wisconsin Medicaid. The client may fill out a Wisconsin Family Medicaid, BadgerCare and Family Planning Waiver Program Application and Review Form (HCF 10100) furnished by the qualified provider, or the qualified provider may refer her to her local county/tribal social or human services agency or Medicaid outstation site.
  3. Inform the client that her county/tribal social or human services agency may extend her presumptive eligibility for the Family Planning Waiver Program. This may be done, only when the client files an application on or before the last day of the presumptive eligibility period for the Family Planning Waiver Program, her eligibility cannot be determined before her presumptive eligibility for the Family Planning Waiver Program period ends.
1. Check the appropriate box indicating that the client is presumptively eligible for the Family Planning Waiver Program. Have her read the statement and sign the Presumptive Eligibility for the Family Planning Waiver Program application.
  2. Inform clients that have children under age five that she and/or her children may be eligible for the Special Supplemental Food Program for Women, Infants and Children (WIC) and provide her with a copy of the WIC pamphlet.

If the Client is not Presumptively Eligible for the Family Planning Waiver Program

If the client is not presumptively eligible for the Family Planning Waiver Program, qualified providers are required to do the following:

1. Check the appropriate box on the application indicating the reason for the client's ineligibility.
2. Sign and date the application.
3. Have the client sign and date the application indicating that she understands that, even though the qualified provider has not found her presumptively eligible for the Family Planning Waiver Program, she may still be eligible for the Family Planning Waiver Program or Wisconsin Medicaid. Encourage the client to apply for the Family Planning Waiver Program and Wisconsin Medicaid by mail, telephone or in person, through her county/tribal social or human services agency or Medicaid outstation site.
4. Inform clients that have children under age five that she and/or her children may be eligible for the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provide her with a copy of the WIC pamphlet.
5. Detach and destroy the temporary card on the last page of the form and provide the client with a copy of the Presumptive Eligibility for the Family Planning Waiver Program application. This will serve as the client's notice of denial of eligibility. Retain a copy for your files and mail a copy to:

Wisconsin Medicaid  
Presumptive Eligibility  
6406 Bridge Rd  
Madison WI 53784

**Section IV — Temporary Identification Card**

Complete the following items on the temporary card if the client is presumptively eligible for the Family Planning Waiver Program:

1. Card Validity Dates: Presumptive eligibility begins on the day eligibility is determined and continues through the last day of the second month following the month in which presumptive eligibility is determined (e.g., a woman whose Family Planning Waiver Program presumptive eligibility begins June 6 is eligible through the end of August).
2. Identification Number: Enter the client's Social Security Number (SSN) or a pseudo-number if the client does not have a SSN at the time the presumptive eligibility application is completed.

*Note:* If the client does not have a Social Security number (SSN) or does not know the number, qualified providers are required to call Wisconsin Medicaid's Recipient Services at (800) 362-3002 or (608) 221-5720, to obtain a pseudo number. When entering a client's SSN add a zero to the end of the number. No additional zero is needed if using a pseudo number.

Wisconsin Medicaid will contact the qualified provider if a SSN or pseudo-number is not recorded on the presumptive eligibility application. Wisconsin Medicaid requires this number on all applications.

The client will have to provide a valid SSN or apply for one to be certified eligible for continuous Family Planning Waiver Program through the economic support agency.

3. Agency Code: Enter the agency code number assigned to the qualified provider.
4. Client Information: Print or type the client's full name and mailing address in the box provided at the bottom of the card.

If the client is concerned about other household members receiving any confidential information regarding this program, encourage her to indicate a mailing address other than her residence address and to receive FPWP information in care of another person.

If notices are sent to an alternate address, it is *imperative* she receive these notices in a timely manner. If a woman does not receive the annual review notice or her receipt of the notice is delayed, there may be a gap in her FPWP eligibility and coverage. If a recipient has chosen her provider's mailing address for her FPWP correspondence, it is *imperative* that the provider has a reliable way of contacting her to promptly give her FPWP notices and Forward card.

### **Additional Information**

Qualified providers are required to:

1. Give the client a copy of the Presumptive Eligibility for the Family Planning Waiver Program application.
2. Detach the bottom portion of the application for the client to use as a temporary Medicaid Family Planning Waiver Program ID card. This temporary ID card entitles the client to family planning-related services provided by a Medicaid certified provider participating in the Family Planning Waiver Program.
3. If eligible, inform the client that a plastic Wisconsin Medicaid *Forward* card will be mailed to her. The *Forward* card is valid only for the Family Planning Waiver Program presumptive eligibility period and will only allow the client to receive covered family planning-related services. To receive Family Planning Waiver Program services beyond the presumptive eligibility end date; the client must apply for Medicaid eligibility by mail, telephone, or in person through her county/tribal social or human services agency, or Medicaid outstation site.
4. Inform the client that she is only eligible for covered family planning-related services, but she may be eligible for full-benefit Medicaid if she has minor dependent children and meets certain other eligibility requirements. Encourage her to apply for full-benefit Medicaid if she would like to receive more than family planning-related services, by mail, telephone, or in person through her county/tribal social or human services agency.
5. If the client applies for full benefit Medicaid and is found eligible, the client may continue to use her *Forward* card.
6. If the client applies for Medicaid her Family Planning Waiver Program eligibility is continued, the client may continue to use her *Forward* card.
7. Inform clients that have children under age five that she and/or her children may be eligible for the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provide her with a copy of the WIC pamphlet.

8. Mail or fax the Presumptive Eligibility for the Family Planning Waiver Program application to Wisconsin Medicaid at:

Wisconsin Medicaid  
Presumptive Eligibility  
6406 Bridge Rd  
Madison WI 53784  
Fax: (608) 250-5202

9. Explain to the client that a Presumptive Eligibility for the Family Planning Waiver Program determination does not guarantee that her county/tribal social or human services agency or Medicaid outstation site will find her eligible for Wisconsin Medicaid because of other requirements that may apply.
10. Explain to the client that the Family Planning Waiver Program only covers services related to contraceptive management.